

The Rhode Island U.S.T. Review Board

SUPPLEMENTAL REQUEST FOR REIMBURSEMENT

This form should be used - and can only be used - on supplemental reimbursement applications when the applicant has already established eligibility for reimbursement of remediation costs relative to this occurrence.

OFFICE USE ONLY

RFR #

List RFR #(s) of all claims previously filed for this remediation:

Applicant's Name			
Contact Person	Name Fax#	Phone #	
Mailing Address	Street City State Zip		
Reimbursement Mailing Address (if different)	Street City State Zip		
Site Name			
Site Address	Street City Zip		Latitude Longitude
Applicant's Representative (if applicable)	Name Address City/Town: State: Phone# Fax#		
<input type="checkbox"/> Check here if you want this representative to be the primary contact for this claim and copied on all correspondence.			

Total of all expenses	\$
NET SUPPLEMENTAL REIMBURSEMENT REQUEST	\$
Dates of work covered by this application	From To

REIMBURSEMENT INFORMATION

1	<p>Will there be additional reimbursement applications for this release? If yes, estimate the amount of additional costs:</p> <p>\$</p> <p>Explain what work these costs represent:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<p>Have any of the costs submitted for reimbursement already been submitted with another application? If yes, identify those costs and explain why you are resubmitting these costs.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<p>Do any of these costs submitted for reimbursement cover a time period for which you have already received or requested reimbursement? If yes, identify these costs and explain why you are submitting them?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<p>Has the applicant received, or does the applicant expect to receive, compensation for corrective action costs from ANY source other than the Rhode Island U.S.T. Review Board? If yes, give amount of that reimbursement \$</p> <p>Identify source of other reimbursement:</p>	<input type="checkbox"/> Yes \$ <input type="checkbox"/> No

TECHNICAL INFORMATION

List all technical reports pertaining to this remediation. Copies of these reports **must be** submitted with your application. If the reports are not included, your application will be considered administratively incomplete.

1	<u>Name of Report</u>	<u>Name of Company who Prepared Report</u>	<u>Date of Report</u>

CERTIFICATION FOR SUPPLEMENTAL REQUEST

Applicant certifies, under penalty of law, that applicant is the appropriate person to request the foregoing reimbursement, and that this document and all attachments were prepared under applicant's direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on applicant's inquiry of the person(s) who manage(d) the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of the applicant's knowledge and belief, true, accurate, and complete. Applicant understands that by filing this application for consideration by the Rhode Island Underground Storage Tank Financial Responsibility Fund Review Board, applicant agrees to return to the Board upon its demand the entire award applicant may receive or any other amount the Board considers appropriate if (1) applicant misrepresented or omitted any fact relevant to the determinations made by the Board, oral or written; or (2) applicant fails to complete, to the Board satisfaction, ongoing corrective action which may be under way.

Applicant Signature _____ Date _____

Print/Type name _____ Date _____

Subscribed and sworn to before me in the county of _____

State of _____, on this _____ day of _____, _____.

My commission expires _____.

Notary Public Signature

Applicant representative, if representative prepared application:

Signature _____ Date _____

Print/Type name _____ Title _____

SENT TYPED ORIGINAL APPLICATION - WITH ORIGINAL SIGNATURE - AND ACCOMPANYING DOCUMENTS TO:

The Rhode Island U.S.T. Review Board
235 Promenade Street, Suite 106
Providence, Rhode Island 02908

QUESTIONS????? Call (401) 222-4244

(form #11)

10/19/99